U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - Q4 Q7

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

10/11/2003 Through: 9/30/2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name THOMAS O BURCHAM.	Name IUE-CWA LOCAL 84840.
	Labor Organization File Number 032-335
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 147
Street 8936 BURCHAM DRIVE	Street
City NEW DOUGLAS	City HIGHLAND
State 24 ZIP Code + 4 62074	State IL ZIP Code + 4 62249
5. Position in labor organization.  PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spou	100 OF Minor shill directly or indirectly at indirectly of the day
(except as specified in the exclusion	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization	lerived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Ctroot	7.b. Amount.
Street	
City	
State ZIP Code + 4	bonness
Signa	ture
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	If (incliments) has been evenined by the elemeter, and in the best set.
Signed Okomus O-Buchom	On 3/9/05 6/3 637-2316  Date Telephone Number
Form LM-30 (2003)	Date Telephone Number

Name of Person Filling THOMAS O. BURCHAM	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name BECKER & GALANTI P.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 488  Street 3673 HIGHWAY /// City GANITE CITY  State IL ZIP Code + 4 62040  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.	-	
Name	STEAKS/CHRISTMAS GF	PT	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
	11.b. Approximate dollar value of such dealing.	48.00	
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	The property of the control of the c	enterween the major transfer	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
		Entered reconstruction of the control of the contro	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:	
	10 / 61 / 2663 Through: 09 / 30 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name LEATHA B BRENNAN .	Name IUE-CWA LOCAL 84840	
	Labor Organization File Number 032-335	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 147	
Street 1171 ACORN ROAD	Street	
City HIGHCALD	City HIGHLAND	
State	State	
5. Position in labor organization.  YICE PRESIDENT		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.      Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.      Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. The undersigned declares, under penalty of submitted in this report (including transactions (including loans) with, or monetary value from an employer whose employees your organization. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	

Name of Grant and LEATHA D. DREDOWN	The Number o-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name BECKER - GALANT! P.C  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 488  Street 3673 Hway III  City GRANITE City  State IL. ZIP Code +4 62040	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	STEAK PACKAGE \$48.00 XMAS GIFT
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	Lamanta transport of the contract of the contr
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:	
	16/1/2003 Through: 9/30/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name ELSA 3 RoSE	Name IUE-CWA Local 84840	
	Labor Organization File Number 032-335	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 201 EAST SIKTH ST.	Street	
City HARTFORD	City HIGHLAND	
State	State <b>IL</b> ZIP Code + 4 <b>62048</b>	
5. Position in labor organization. RECORDING SE	SCRETARY	
•		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
**		
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Elsa J Rose	On 8-8-35 618 354 2282  Date Telephone Number	

realite of reison rising ELSR J. Rost	The Number of
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name BECKER + GALANTI P. L.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box Bldg.,	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  RECEIVED CHRIST MAS GIFT FLOZEN STEAKS  REC'D H BASEBALL TICKETS  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.